

CHAPTER 13 PLAN
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF MISSISSIPPI

CASE NO: 14-14686

Median Income: ☐ Above ☒ Below

Debtor Michael Jackson SS#XXX-XX- 6801 Current Monthly Income \$ 2,346.10

Jt. Debtor _____ SS#XXX-XX- _____ Current Monthly Income \$ _____

Address 105 Gardenia Dr., Columbus, MS 39705 No. of Dependents 0

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed. The treatment of ALL secured and priority debts must be provided for in this plan.

PAYMENT AND LENGTH OF PLAN

The plan period shall be for a period of 60 months, not to be less than 36 months for below median income debtor(s), or less than 60 months for above median income debtor(s).

- (A) Debtor shall pay \$ 524.00 per (☒ monthly, ☐ semi-monthly, ☐ week, or ☐ bi-weekly) to the Chapter 13 Trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

Debtor Direct/Self-Employed

- (B) Joint Debtor shall pay \$ _____ per (☐ monthly, ☐ semi-monthly, ☐ weekly, or ☐ bi-weekly) to the Chapter 13 Trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

PRIORITY CREDITORS. Filed claims that are not disallowed to be paid in full or as ordered by the Court as follows:

Internal Revenue Service: \$ _____ @ \$ _____ /mo

MS Dept. of Revenue: \$ _____ @ \$ _____ /mo Other/ _____ : \$ _____ @ \$ _____ /mo

DOMESTIC SUPPORT OBLIGATIONS. DUE TO:

POST PETITION OBLIGATION: In the amount of \$ _____ per month beginning _____.

To be paid ☐ direct, ☐ through payroll deduction, or ☐ through the plan.

PRE-PETITION ARREARAGE: In the amount of \$ _____ which shall be paid in the amount of \$ _____ per month.

To be paid ☐ direct, ☐ through payroll deduction, or ☐ through the plan.

HOME MORTGAGES. All claims secured by real property which are to be paid through the plan shall be scheduled below. Absent an objection by a party of interest, the plan will be amended consistent with the proof of claim filed herein, subject to the state date for the continuing monthly mortgage payment proposed herein **INCLUDES: Insurance** ☒ **Taxes** ☒

MTG PMTS TO: Loan Care BEGINNING 3/01/15 @ \$ 1,077.60 () PLAN (☒) DIRECT

MTG PMTS TO: _____ BEGINNING _____ @ \$ _____ () PLAN () DIRECT

MTG ARREARS TO: Loan Care THROUGH 2/28/15 \$ 10,000.00 @ \$ 166.67 /MO

MTG ARREARS TO: _____ THROUGH _____ \$ _____ @ \$ _____ /MO

Debtor's Initials



Joint Debtor's Initials _____

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GENERAL UNSECURED CLAIMS total approximately \$ 9,889.50. Such claims must be **timely filed** and not disallowed to receive payment as follows: _____ IN FULL (100%), 0 % (percent) MINIMUM, or a total distribution of \$ 0.00, with the Trustee to determine the percentage distribution. ***Those general unsecured claims not timely filed shall be paid nothing, absent order of the Court.***

****Debtors will pay 0 to all unsecured creditors whose claims are unenforceable because they are barred by statute of limitations.**

Total Attorney Fees Charged \$ 3,200.00

Pay administrative costs and debtor's attorney fees pursuant to Court Order and/or local rules.

Attorney Fees Previously Paid \$ 5.00

Attorney fees to be paid through the plan \$ 3,195.00

Name/Address/Phone # of Vehicle Insurance Co./Agent

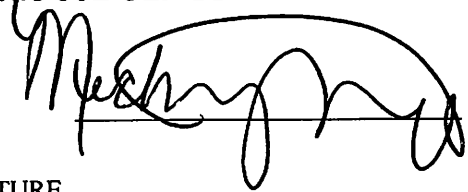
Attorney for Debtor (Name/Address/Phone #/Email)

R. GAWYN MITCHELL
P.O. BOX 1216
COLUMBUS, MS 39703
Telephone 662-327-3344

Telephone/Fax _____

DATE: 12/31/14

DEBTOR'S SIGNATURE



JOINT DEBTOR'S SIGNATURE _____

ATTORNEY SIGNATURE

/s/ R. Gawyn Mitchell